

CLAIMS ONLY						Application Number 10/82297	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	
1			/				51	
2							52	
3			/				53	
4			/				54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12			/				62	
13							63	
14			/				64	
15			/				65	
16							66	
17			/				67	
18							68	
19							69	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep			(6)				Total Indep	
Total Depend			11				Total Depend	
Total Claims			17				Total Claims	